



Inspection Report under the Long-Term Care Homes Act, 2007

Papport d'inspection révues le Loi de 2007 les foyers de soins de longue durée

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public	
Date(s) of inspection/Date de l'inspection November 18 2010	Inspection No/ d'inspection 2010_166_2871_19Nov154140	Type of Inspection/Genre d'inspection Log #O-001732 Complaint
Licensee/Titulaire Revera Long Term Care., 55 Standish Court 8 th Floor Fax 289-777-1406 Mississauga ON M6M 2J5		
Long-Term Care Home/Foyer de soins de longue durée Winbourne Park 1020 Westney Road North Fax 905-426-6297 Ajax ON L1T 4K6		
Name of Inspector(s)/Nom de l'inspecteur(s) Caroline Tompkins #166		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection related to falls management.		
During the course of the inspection, the inspector spoke with: the resident, the resident care coordinator, a member of the registered nursing staff and two personal support workers		
During the course of the inspection, the inspector: reviewed the resident's clinical record relating to the fall and the home's policy and procedure relating to the home's falls intervention risk management program.		
There are no findings of Non-Compliance as a result of this inspection.		

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. 
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection) 